



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
DELAWARE BOARD OF PROFESSIONAL LAND SURVEYORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

APPLICATION FOR PERSONAL DEVELOPMENT HOURS

LICENSEE INFORMATION

Name: _____ Delaware License No. _____

Address: _____
(Street, P.O. Box, Apt.) City State Zip Code

Day Telephone: (____) _____ E-mail Address _____

SPONSOR/PROVIDER INFORMATION

Sponsored by: _____

Contact person/continuing education coordinator: _____

Address: _____
(Street, Suite Number, Floor.) City State Zip Code

Business Telephone No. (____) _____

PROGRAM INFORMATION (

Program Title: _____

Program Dates: _____
Month/Day/Year Month/Day/Year

Total Personal Development Hours requested (excluding breaks): _____

Attach documentation (copies only) of course objectives, presenter's credentials and a detailed course schedule.

If you have any questions, you may reach the Board office by phone at (302)744-4532 or by e-mail at katie.rochester@state.de.us. Our web address is www.dpr.delaware.gov.

DECISION (Board Use Only)

Board Meeting Date: _____

____ Approved Total Personal Development Hours Granted: _____

____ Denied

Reason Denied: _____

Signature: _____
Katie Rochester, Administrative Specialist

Date